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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: SRINIVAS ET AL.

Application No. 10/825,481 : Group Art Unit: 2816

Filed: April 14, 2004 : Examiner: My-Trang N. Ton

For: BREAK BEFORE MAKE PREDRIVER
AND LEVEL-SHIFTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE

Dear Sir:

In response to the Office action dated as mailed on May 12, 2005 and having a period of response extending through and including August 12, 2005, please make the below-identified amendments, and consider the following remarks.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 7 of this paper.



OFFICIAL COMMUNICATION

5775 Morehouse Drive
San Diego, CA 92121
Fax: (858) 658-2502

Facsimile Transmittal

DATE: June 29, 2005

TO: Amendment
Commissioner for Patents

ATTN: Examiner: My Trang N. Ton
Art Unit: 2816

FAX NUMBER: (703) 872-9306

FROM: Nicholas J. Pauley, Attorney for Applicant
Registration No. 44,999

Total Number of Pages Sent: 13 (including this transmittal cover sheet)

FILING BY FACSIMILE:

ATTORNEY DOCKET NO.: 030333

ENCLOSED ARE:

- Amendment (10 pages)
- Transmittal (in duplicate)

APPLICANT: Srinivas et al.

ASSIGNEE: QUALCOMM Incorporated

SERIAL NO.: 10/825,481

FILED: April 14, 2004

FOR: Break Before Make Predriver and Level-Shifter

Please contact Theresa at (858) 651-0159 if all pages do not transmit.

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PTO/SB/21

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PATENT

AMENDMENT TRANSMITTAL FORM

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Customer No.: 23696
Attorney Docket No.: 030333
In Re Application of: Srinivas et al.
Serial Number: 10/825,481
Filed: April 14, 2004
Examiner: My Trang Ton
Group Art Unit: 2816

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	24	27	0	x \$50 =	\$0
Independent**	4	4	0	x \$200 =	\$0
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$360	\$0
EXTENSION FEES				<input type="checkbox"/> One Month	\$120
				<input type="checkbox"/> Two Months	\$450
				<input type="checkbox"/> Three Months	\$1020
TERMINAL DISCLAIMER				\$130	\$0
				TOTAL FEE	\$0

*If the number in column a is less than 20, enter 0 in column c.

**If the number in column a is less than 3, enter 0 in column c.

4. ☐ Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
5. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$0.
The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: June 29, 2005

Signature: 

Nicholas J. Pauley, Reg. No. 44,999
Phone No. (858) 845-8405

QUALCOMM Incorporated
Attn: Patent Department
5775 Morehouse Drive
San Diego, California 92121-1714
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CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

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Date: June 29, 2005

FACSIMILE

- ☒ transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: Theresa Badet
(type or print name)

Signature: 

(TRANSMITTED BY 13 04/2005)